

L18000010295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

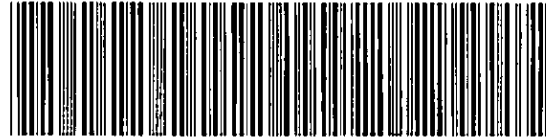
(Business Entity Name)

(Document Number)

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18 JAN 25 AM 9:29  
TALLAHASSEE, FLORIDA

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18 JAN 25 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
JAN 25 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beyond The Body Lounge, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felicia Stanley  
Name of Person

P.O. Box 5841

Address

Tallahassee, FL 32314  
City/State and Zip Code

liciapoo00h@1@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felicia Stanley at (850) 322-4725  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Beyond The Body Lounge, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/16/18 and assigned  
Florida document number L18000010295

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------------|----------------------|--|
| Mgr          | Tamieka Montgomery | 1508 Smart St.       | <input type="checkbox"/> Add               |
|              |                    | Bainbridge, Ga 39817 | <input checked="" type="checkbox"/> Remove |
|              |                    |                      | <input type="checkbox"/> Change            |
|              |                    |                      | <input type="checkbox"/> Add               |
|              |                    |                      | <input type="checkbox"/> Remove            |
|              |                    |                      | <input type="checkbox"/> Change            |
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|              |                    |                      | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

1/25/18

11/8  
*John Stanley*  
 Signature of a member or authorized representative of \_\_\_\_\_

Signature of a member or authorized representative of a member

Felicia

Stanley

Typed or printed name of signer

**Filing Fee: \$25.00**

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18 JAN 25 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA